



**DEPARTMENT OF COMMUNITY DEVELOPMENT**  
 442 West Washington Street  
 Suffolk, Virginia 23434  
[cddapplication@suffolkva.us](mailto:cddapplication@suffolkva.us)  
**ZONING COMMERCIAL BUILDING CLEARANCE APPLICATION**

**\$110 Fee**

**Important Telephone Numbers:**

Asst. Zoning Administrator (757) 514-4161  
 Building Official (757) 514-4156  
 Commissioner of the Revenue (757) 514-4260

Fire Marshal (757) 514-4550  
 Public Utilities (757) 604-3645  
 VDACS (757) 509-1060

Health Dept. (757) 514-4751  
 Alcohol, Tobacco, Firearms (757) 616-7400  
 DMV (804) 497-7100

PLEASE READ DECLARATION AT THE BOTTOM OF THIS APPLICATION FORM BEFORE SIGNING APPLICATION

EXISTING BUILDING       NEW CONSTRUCTION      (Check one)

ALL APPLICANTS MUST COMPLETE 1 THROUGH 15 BELOW (PRINT ALL RESPONSES)

**If this is a rental property, it is your responsibility to assure that you have the authority to use this property for your business and that the City assumes no liability for its use.**

1. Property Owner \_\_\_\_\_
2. Applicant \_\_\_\_\_
3. Trade Name: \_\_\_\_\_
4. Are you on \_\_\_\_\_ City Water      \_\_\_\_\_ City Sewer      \_\_\_\_\_ Well      \_\_\_\_\_ Septic system (check those that apply)
5. Mailing Address: \_\_\_\_\_  
    Street No./Name /P.O. Box      Suite/Apt. No.      City      State      Zip Code
6. **Property Location:** \_\_\_\_\_  
    Street Number/Unit      Street Name
7. Previous Business Name and use (if any): \_\_\_\_\_
8. Local Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Corporate/Main Office Phone: (\_\_\_\_\_) \_\_\_\_\_
9. Local Contact Person: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_
10. Email address: \_\_\_\_\_
11. Is this a Group Home? Yes [ ] No [ ] If yes State issued addendum must be attached.
12. Will this business involve the care of people who are incapable of self-preservation? Yes [ ] No [ ]
13. Detailed description of **ALL** proposed business activities: **(PLEASE BE SPECIFIC)**  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Will the facility be altered in any way? Yes [ ] No [ ] **If yes, describe in detail proposed changes (PLEASE BE SPECIFIC)**  
 \_\_\_\_\_  
 \_\_\_\_\_
15. How many employees do you intend to hire? \_\_\_\_\_

**DECLARATION: I declare** that the statements herein are true, complete and correct to the best of my knowledge and belief. The completion of this application and payment of tax for a city business license shall be for the location in which you intend to operate. I ACKNOWLEDGE THAT PURSUANT TO THE CODE OF VIRGINIA AND THE SUFFOLK CITY CODE THAT ALL REAL ESTATE TAXES THAT ARE PAST DUE FOR THE LOCATION STATED IN NO. 6 ABOVE MUST BE PAID IN FULL PRIOR TO ANY APPROVALS OR INSPECTIONS REQUIRED FOR THIS APPLICATION.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REQUIRED APPROVALS**

CONDITIONAL USE PERMIT REQUIRED? YES  NO  If **YES**, contact the Planning Department at 757-514-4060.

**ZONING** (757) 514-4150 YES  NO  USE CLASSIFICATION: \_\_\_\_\_

ZONING AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_